

# Virginia Western Community College

## Transfer Course Authorization Form

**STUDENT INFORMATION:** To be completed by student.

<b>Student Name:</b>
<b>Virginia Western EMPL ID Number:</b> (7 digit VWCC student ID number)
<b>Four-Year College currently attending :</b>

- I would like to take the course authorized below at Virginia Western Community College.
- I understand it is my responsibility to verify the transferability of Virginia Western coursework to the four-year college I am currently attending.
- My purpose for enrolling at Virginia Western is to complete coursework to transfer to the four-year college I am attending.

**Student signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*If your college has their own transfer authorization form, you are welcome to submit it in lieu of this form.*

**FOUR-YEAR COLLEGE AUTHORIZATION:** To be completed by the four-year college representative.

**This student qualifies to enroll in the following course at our institution:**

<b>Course Subject &amp; Number</b> (Ex: ENGL 101)	
<b>Course Title</b> (Ex: Expository Writing)	

**The Virginia Western Community College equivalent to this course is:**

<b>VWCC Subject &amp; Number</b> (Ex: ENG 111)	
<b>VWCC Course Title</b> (Ex: College Composition I)	

*The Virginia Western college catalog is available at <http://catalog.virginiawestern.edu/>.*

**Four-year College Representative Signature:** \_\_\_\_\_

**Representative's Printed Name** \_\_\_\_\_

**Representative's Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Submit completed forms to the Virginia Western Community College Enrollment Center**

Email: [enroll@virginiawestern.edu](mailto:enroll@virginiawestern.edu)

Fax: 540-857-6163

Mail: 3094 Colonial Avenue Roanoke, Virginia 24015

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